

## **Process & Instruction Guide**

### **Request for Nonemergency Medical Transportation (NEMT) Services**

#### **PURPOSE:**

The purpose of this document is to establish uniform process for Managed Care Organizations (MCOs) and Dental Care Organizations (DMOs) to submit requests for non-emergency medical transportation (NEMT) Services to the Managed Transportation Organizations (MTO) or Full Risk Brokers (FRB) for members traveling beyond their MCO Service Area (SA) to a covered health care service.

Pursuant to 1 TAC §380.101(21), MTP provides prior authorized NEMT Services to and from covered health care services, based on medical necessity, when no other means of transportation are available.

NEMT Services includes various modes of transportation including Demand Response, Intercity Bus, Commercial Airfare, and Mileage Reimbursement for authorized Individual Transportation Participants (ITPs). In addition, MTP provides ancillary services to include meals and lodging to eligible Medicaid members, Children with Special Health Care Needs (CSHCN) services program members and Transportation for Indigent Cancer Patients (TICP) Program clients, when applicable.

#### ***The Form H3113A is used to***

- Request long distance NEMT Services for Managed Care Medicaid members including Dual Eligible Medicaid members. For the purposes of this form, "long distance" is defined as a trip beyond the member's assigned SA

#### **RESPONSIBILITIES AND PROCEDURES:**

- The member contacts the MTO/FRB to request NEMT Services for long distance travel;
- The MTO requests form MCO-H3100, "Request for NEMT Services", for all trips beyond the member's SA;
- The member contacts the MCO and provides member and appointment information;
- The MCO verifies the rendering provider and location is enrolled with Texas Medicaid HealthCare Partnership (TMHP) and included in the Combined Master Provider File (CMPF);
- The MCO confirms appointment is an allowable Medicaid service;
- The MCO completes and submits the Form MCO-H3100 to the assigned MTO/FRB; and
- The MTO/FRB authorizes the NEMT Services.

#### **INSTRUCTIONS:**

This section provides detailed instructions to the Managed Care Organization (MCO)/Dental Maintenance Organization (DMO) for completion of form "MCO-H3100 Request for NEMT Services" and submission to the MTO / FRB. All sections must be completed prior to submission to the MTO/FRB. Failure to complete all sections accurately may result in delayed processing of NEMT request.

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### **Request for Nonemergency Medical Transportation (NEMT) Services**

#### **Section I. MCO Information:**

- 1. Managed Care Organization (MCO)** - Utilize drop down to choose member's current Medicaid MCO.
- 2. Managed Transportation Organization (MTO)** - Utilize drop down to choose member's current MTO.
- 3. Date of Request** - Use calendar or manually type in the date of request (i.e. today's date).
- 4. Program** - Utilize drop down list to indicate member's current program.
- 5. MCO Representative** - Enter the full name of the MCO staff completing the form.
- 6. Phone Number** - Enter the phone number of MCO staff completing the form, including area code and extension, if applicable. .

#### **Section II. Member Information:**

- 7. Member Name** - Enter the member's name.
- 8. Medicaid ID Number** - Enter the member's Medicaid ID.
- 9. DOB** - Enter the member's date of birth
- 10. Address** - Enter the member's current residential address.
- 11. Contact Number** - Enter the member's current contact number.

#### **Section III. Medical/Dental Appointment Information:**

- 12. Appointment Date** - Use calendar or enter the date of the member's medical appointment.
  - A.** Indicate whether the appointment is a Hospital Stay or Regular Appointment utilizing provided check boxes.
  - B.** Choose date of discharge or check "unknown".
- 13. Appointment Time** - Enter the time of the member's appointment.
- 14. Provider/Facility Name** - Enter the rendering provider/facility name.
- 15. Provider/Facility Rendering National Provider Identifier (NPI)** - Enter the rendering provider/facility NPI.
- 16. Provider/Facility Address** - Enter the provider/facility address
- 17. Provider/Facility Phone Number** - Enter the rendering provider/facility phone number.
- 18. Reason for Visit or Medical Services Treatment** - Enter the reason for the medical appointment.
- 19. Attendant Required for Appointment**-Check "Yes" or "No" to indicate if an attendant is required

**Section IV-Special Instructions/Notes:** This section may be utilized to provide additional information not captured within Sections II and III. This information may include, but is not limited to, language, special needs, attendant request details, etc.